



# ARIZONA EARLY INTERVENTION PROGRAM FOR INFANTS AND TODDLERS

*Arizona Department of Economic Security*

## EARLY INTERVENTION SERVICE START DATE NOTIFICATION

**Service Provider to complete and Send/Fax to service coordinator within  
\_\_5\_\_ days of beginning services      \*\*Date Sent/Faxed:\_\_\_\_\_**

|                                                       |                                              |
|-------------------------------------------------------|----------------------------------------------|
| Service Coordinator:                                  | Fax or Email Address:                        |
| Child's Name:                                         | DOB:                                         |
| Service Provider Name:                                | IFSP Service Provided: (DSI, therapy, other) |
| Planned Start Date of Service:                        | Actual Start Date of Service:                |
| Reason service has not started by planned start date: |                                              |
|                                                       |                                              |
| Related to IFSP Outcome #:                            |                                              |

**\*\*Send to service coordinator within \_\_10\_\_ days if unable to contact  
family to schedule Start date of service**